

## **EXHIBIT C**

CERTILMANBALIN  
ATTORNEYS

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PARTNER  
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**VIA CERIFIED MAIL AND FIRST CLASS MAIL**

July 17, 2024

Andy Alege  
195 St. James Place  
Brooklyn, New York 11238

**Re: *Fraleg Group, Inc.***  
***Chapter 7***  
***Case No.: 22-41410-jmm***

Dear Mr. Alege:

Please be advised that I am the appointed Chapter 7 Trustee for Fraleg Group, Inc. (the "Debtor"). Pursuant to the enclosed Subpoena for Rule 2004 Examination ("Subpoena"), served upon you via federal express on June 11, 2024, the Trustee was to receive the documents contained therein by June 28, 2024. To date, the Trustee has not received said documents.

Please take the necessary steps to comply with said Subpoena and provide the requested documentation within ten (10) days of the date of this correspondence. Failure to do so will result in the Trustee taking the necessary and appropriate actions in the United States Bankruptcy Court.

Thank you for your cooperation in this matter.

Very truly yours,

  
RICHARD J. MCCORD  
CHAPTER 7 TRUSTEE

Encl.  
RJM:af

8339547.1

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Sent To: Andy Aleje  
195 St. James Place  
Brooklyn, NY 11238  
City, State, ZIP+4

Postage and Fees: \$9.98  
Postage: \$4.70  
Extra Services & Fees (check box, add fee as appropriate):  
☐ Adult Signature Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Certified Mail Restricted Delivery \$  
☐ Return Receipt (electronic) \$  
☐ Return Receipt (hardcopy) \$  
☐ Certified Mail Fee \$4.85

Postmark: FREEPORT NY 11520  
11/18/2024  
OFFICE

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7022 2410 0002 9878 2624

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Andy Aleje  
195 St. James Place  
Brooklyn, New York 11238



9590 9402 8257 3094 2631 53

## 2. Article Number (Transfer from service label)

7022 2410 0002 9878 2624

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X [Signature]

☒ Agent☐ Addressee

## B. Received by (Printed Name)

[Signature]

## C. Date of Delivery

11/20/24

## D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes☒ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt